

# EARLY VOTING BALLOT TRANSPORT STATEMENT

~This form is to be completed each time the ballot box LOCK is OPENED for ballot transport~

**At Location**

**Election Type:** General Election

**Election Date:** 11/08/2022

**Name of Location:** MARICOPA COUNTY JUVENILE COURT - DB - VC# 15734

**BOX** 2 **OF** 2

**Arrival Time:** 10:30

**Were there ballots to be picked up?**



YES <If YES, complete lines 1-5



NO <If NO, complete lines 2-5

**Completed Forms picked up?**



YES



NONE

**1) Red Box Seals #** IS22019226 **&** IS22019225 <Indicate the seal numbers that were placed on ballot transport box

**2) Ballot Box Sealed/Checked on** (Date) 10/31/22 (Time) 10:30 <Date and time box was sealed/checked

**3) Location Staff Member** (Signature) NA

**4) Transport Staff Member** (Signature) [Signature]

**5) Transport Staff Member** (Signature) [Signature]

**Departure Time:** 10:34

## Transport Receipt

This portion to be completed by the Receiving Agent at the MCTEC Facility

**Receiving Agent** (Signature) [Signature] **Date/Time:** 10/31/22 4:24  
Sign to acknowledge receipt from Transport Staff Member Date of Audit Match

**Ballot Box Seals #** IS22019226 **&** IS22019225 <If applicable, verify the seal numbers on the box match the above from location

**Count of Ballots in Transport Bin #** 430 G 430 W 0

**Audit Agent** (Signature) [Signature] **Date/Time:** 10-31-22 4:26  
Sign to affirm seal #'s match or that no ballots were to be picked up Date of Audit Match

